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ETC 1050

FINANCIAL LIABILITY INVESTIGATION OF PROPERTY LOSS UIC N55322

1. DATE INITIATED (YYYYMMDD) 20140723		2. INQUIRY/INVESTIGATION NUMBER NONE		3. DATE LOSS DISCOVERED (YYYYMMDD) 20140723	
4. NATIONAL STOCK NO. 1805-01-181-3457	5. ITEM DESCRIPTION SIG SAUER P226 SN# U815635	6. QUANTITY 1	7. UNIT COST 771.00	8. TOTAL COST 771.00	
9. CIRCUMSTANCES UNDER WHICH PROPERTY WAS (X one) (Attach additional pages as necessary) DD 280 SUBMITTED ICD DEPLOYED SERVICE MEMBER (b) (7)(C) SGT ENCLOSURE 1.		<input checked="" type="checkbox"/> Lost <input type="checkbox"/> Organization	<input type="checkbox"/> Damaged <input type="checkbox"/> Installation	<input type="checkbox"/> Destroyed <input type="checkbox"/> OCIE	
10. ACTIONS TAKEN TO CORRECT CIRCUMSTANCES REPORTED IN BLOCK 9 AND PREVENT FUTURE OCCURRENCES (Attach additional pages as necessary) MEMBER WILL UTILIZE A WEAPONS RETENTION SYSTEM AND CONDUCT WEAPONS AND EQUIPMENT CHECKS AFTER EACH OPERATION					
11. INDIVIDUAL COMPLETING BLOCKS 1 THROUGH 10					
a. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) AA&E ACCOUNTABILITY OFFICER, N7 EODMU TWELVE 2520 MIDWAY RD. STE 200 VIRGINIA BEACH, VA 23459-9330		b. TYPED NAME (Last, First, Middle Initial) (b) (6)		c. DSN NUMBER (b) (6)	
		d. SIGNATURE (b) (6)		e. DATE SIGNED 20140807	
12. (X one) <input checked="" type="checkbox"/> RESPONSIBLE OFFICER (PROPERTY RECORD ITEMS) <input type="checkbox"/> REVIEWING AUTHORITY (SUPPLY SYSTEM STOCKS)					
a. NEGLIGENCE OR ABUSE EVIDENT/ SUSPECTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		b. COMMENTS/RECOMMENDATIONS WHILE CONDUCTING A DEMO OPERATION, MEMBER LEFT HIS WEAPON UNATTENDED ON THE VEHICLE WHILE DRIVING AWAY FROM THE DEMO AREA. BASED ON THE INVESTIGATION, IT IS BELIEVED THE WEAPON WAS TAKEN BY LOCAL AFGHAN NATIONALS. RECOMMEND CONDUCTING SENSITIVE ITEM CHECKS PRIOR TO MOVEMENT OR SOME MEANS OF RETENTION.			
c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EXECUTIVE OFFICER EODMU TWELVE 2520 MIDWAY RD. STE 200 VIRGINIA BEACH, VA 23459-9330		d. TYPED NAME (Last, First, Middle Initial) (b) (6)		e. DSN NUMBER (b) (6)	
		f. SIGNATURE (b) (6)		g. DATE SIGNED 20140808	
13. APPOINTING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE Financial Liability Officer appointed due to SVMBR negligence.		c. FINANCIAL LIABILITY OFFICER APPOINTED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) EODSU TWO 2520 MIDWAY RD. STE 400 VIRGINIA BEACH, VA 23459-9330		e. TYPED NAME (Last, First, Middle Initial) (b) (6)		f. DSN NUMBER (b) (6)	
		g. SIGNATURE (b) (6)		h. DATE SIGNED	
14. APPROVING AUTHORITY					
a. RECOMMENDATION (X one) <input checked="" type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE		b. COMMENTS/RATIONALE ADMIN MEASURES TAKEN BY NSW TEAM THAT SVM SUPPORTED.		c. LEGAL REVIEW COMPLETED IF REQUIRED (X one) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A	
d. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code) COMBODGRU TWO 2520 Midway Rd. Ste. 200 Virginia Beach, VA 23459-3323		e. TYPED NAME (Last, First, Middle Initial) (b) (6)		f. DSN NUMBER (b) (6)	
		g. SIGNATURE (b) (6)		h. DATE SIGNED 5 SEP 14	

15. FINANCIAL LIABILITY OFFICER

a. FINDINGS AND RECOMMENDATIONS (Attach additional pages as necessary)

I concur with the findings of the investigating officer, (b) (6). Pursuant to the definitions and guidance in Ref (a), (b) (7)(C) was negligent in losing the Subject Weapon. His negligence was the proximate cause of the loss of the Subject Weapon. As a result, (b) (7)(C)

(b) (7)(C)

b. DOLLAR AMOUNT OF LOSS

\$ 386.00

c. MONTHLY BASIC PAY

(b) (6)

d. RECOMMENDED FINANCIAL LIABILITY

(b) (7)(C)

e. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)

Commanding Officer
BOD ESU TWO
2520 Midway Road Suite 400
Virginia Beach, Va 23459

f. TYPED NAME (Last, First, Middle Initial)

(b) (6)

g. DSN NUMBER

(b) (6)

h. DATE SUBMITTED TO APPOINTING AUTHORITY (YYYYMMDD)

(b) (6)

i. DATE APPOINTED

2013/003

j. DATE SIGNED

2015/007

16. INDIVIDUAL CHARGED

a. I HAVE EXAMINED THE FINDINGS AND RECOMMENDATIONS OF THE FINANCIAL LIABILITY OFFICER AND (X one)

☐ Submit the attached statement of objection.

☒ Do not intend to make such a statement.

b. I HAVE BEEN INFORMED OF MY RIGHT TO LEGAL ADVICE. MY SIGNATURE IS NOT AN ADMISSION OF LIABILITY.

c. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)

d. TYPED NAME (Last, First, Middle Initial)

e. DSN NUMBER

f. SIGNATURE

g. DATE SIGNED

17. ACCOUNTABLE OFFICER

a. DOCUMENT NUMBER(S) USED TO ADJUST PROPERTY RECORD

b. ORGANIZATIONAL ADDRESS (Unit Designation, Office Symbol, Base, State/Country, ZIP Code)

EODESU TWO
2520 Midway Rd. Ste. 400
Virginia Beach, VA 23459-3323

c. TYPED NAME (Last, First, Middle Initial)

(b) (6)

d. DSN NUMBER

(b) (6)

e. DATE SIGNED

7/16/2016